

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/674877	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	17					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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87			1					
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								